## **BEST AVAILABLE COPY**

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

ENTITY			OT	HE	RT	НΔ		
10	7	8	62	_	<u>}</u>			

CLAIMS AS FILED - PART I					SMALL ENTITY			OTHER THAN				
(Column 1) (Column				ımn 21	1	TYPE [		OF.	SMALL	ENTITY		
TOTAL CLAIMS		-51Y					RATE	FEE	] .	. RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEI	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			3 minus 20= •		•   '	8		X\$ 9=	٠.	OR	X\$16=	460
INDEPENDENT CLAIMS			5 minus 3 = 3		2			X43=		OR	X86=	112
MULTIPLE DEPENDENT CLAIM PRESENT							-145=		OR	-290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						ı	TOTAL	<del>                                     </del>	OR	TOTAL	م کارگھاک	
CLAIMS AS AMENDED - PART II										J	OTHER	THAN
				(Column 3)		SMALL	ENTITY	OR	SMALL			
AMENDMENT A	3-4-05	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	. 21	Minus	-38		= -	X\$ 9=			OR	X <del>S18</del> ≡	1
AME	Independent	· 2/	Minus	5	<u> </u>	= -	Ī	X43=		OR	X <del>00=</del>	-
<u> </u>	FIRST PRESE	NTATION OF M	JETIPLE DEF	PENDENT	CLAIM			+145=		OR	366 + <del>290≡</del>	. —
							L	TOTAL			TOTAL	<del></del>
		(Calores 1)		(Cab.	- 0\	(Cal 9)	Α	ADDIT. FEE		10	ADDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)	· r		4001	, 1		4551
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**	-	= .		XS 9=		OR	XS18=	
AME	Independent	•	Minus	***		-	Ī	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM			. 4 4 5				
							L	+145=	•	OR	+290=	•
ADDIT FEE OR ADDIT FEE												
···.		(Column 1)		(Colum		(Column 3)					٠	
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<u>§</u>	Total	•	Minus	•• •		<b>.</b> .	Γ	X\$ 9=		OR	X\$18=	
WE.	Independent		Minus	***		=	<b> </b> -	X43=		ŀ	X86=	
<u>`</u>	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		-	I		OR		
• 11	the entry in colur	nn 1 is less than thi	e entry in colum	nn 2. write "	O" in coli	.mn 3		+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **ADDIT. FEE  **ADDIT. FEE												
٠ ٦	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											